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RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES

SUMMARY

This document contains recommendations for supplementary funding in countries in the Americas and Caribbean region for which no recommendations for funding from general resources are requested at the 1991 Executive Board session. The project proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the projects listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Central America and Panama: water supply, sanitation and environmental education	20 000 000	1991-1995
Ecuador	1 000 000	1991-1993
Peru	11 000 000	1991-1992

Summaries of individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

READEX FICHE

I. CENTRAL AMERICA AND PANAMA: WATER SUPPLY, SANITATION AND ENVIRONMENTAL EDUCATION

1. The subregional water supply, sanitation and environmental education programme responds to the stated objectives of all Central American countries, as well as to the directive of the UNICEF Executive Board, to intensify efforts towards achieving the goal of universal access to safe water supply and sanitation by the year 2000.

2. Despite efforts undertaken during the International Drinking Water Supply and Sanitation Decade (1981-1990), only about 63 per cent of the 28.4 million inhabitants of the seven countries of the Central American isthmus (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) have access to safe water and sanitation. Service is significantly lower in rural areas, where only 41 per cent have access to safe water. The lack of basic water supply and sanitation facilities is closely linked to the high incidence of diarrhoeal and intestinal diseases in the subregion. Diarrhoeal diseases are a major cause of child deaths in Central America, accounting for 38 per cent of the under-five mortality rate (U5MR) in Honduras, for example, and for over 30 per cent of child deaths in specific regions of other countries, such as certain areas of Nicaragua and among indigenous groups in Panama.

3. The lack of water supply also has a negative impact on the well-being and quality of life of the poorest sectors of the population. In many rural communities, water collection is one of the most time-consuming and labourious domestic chores performed by women and children. In many low-income urban neighbourhoods, the lack of a community water source results in poor families spending as much as 35 per cent of their monthly income purchasing water from private vendors.

4. A number of constraints have impeded the subregion's ability to increase access to water supply and sanitation facilities. Some are external factors such as economic adjustment problems, while others are internal, including the sector's limited institutional capacities, characterized by inadequately trained staff, staff shortages, inappropriate procedures and responsibilities and other managerial shortcomings; weak information and monitoring systems; and the inadequate application of low-cost and appropriate technologies, coupled with a bias towards upgrading and expanding urban water systems.

5. Since the late 1970s, UNICEF has been assisting Governments in the subregion to provide water supply and sanitation services in the poorest areas, utilizing an integrated development approach linked to health and hygiene education.

6. For the period 1991-1995, a comprehensive programme is proposed to reduce the incidence of water- and excreta-related diseases and to reduce the workload of women. In order to achieve those broad goals, the following objectives will be pursued:

(a) Providing improved, continuous, better quality and more accessible water supplies to unserved and underserved communities, and in greater quantities;

(b) Improving sanitary practices among the population, as well as a greater awareness of how to protect the environment through systematic health, hygiene and environmental education;

(c) Providing improved, low-cost and appropriate methods for the safe disposal of human waste;

(d) Protecting the environment through drainage and watershed management, tree planting and environmental education;

(e) Improving the technical and operational capacities of Governments to respond more effectively and efficiently to the water supply and sanitation needs of the poorest groups of the population, as well as enhancing their capacities to use internal and external resources efficiently to ensure better coverage.

7. Approximately 120,000 residents of urban marginal areas and 820,000 in rural areas will benefit directly from the programme. In addition, as the programme's institutional development component is aimed at improving the overall management of national programmes, it will have a beneficial effect on all water supply and sanitation services.

8. The programme will be guided by the following principles and strategies: (a) emphasis on low-income families residing in priority poverty areas; (b) the optimization of the health impact through health and hygiene education; (c) the application of the experience of UNICEF in Central America and globally; (d) utilization of a basic services approach, with a high degree of community participation in the planning, installation and maintenance of facilities; (e) the active involvement of women; (f) the design of facilities that avoid environmental degradation; and (g) the establishment of cost-recovery systems.

9. Subregional components will include (a) the development and application of appropriate technology; (b) health, hygiene and environmental education; (c) institutional development, including technical assistance, the exchange of experience and the improvement of information systems; and (d) social mobilization.

10. Country-level activities are planned, based on Government policies, past UNICEF cooperation and country-specific factors related to affordability, feasibility and sustainability. In El Salvador, Guatemala, Honduras and Nicaragua, the programme's primary components will be water supply and environmental sanitation, complemented by comprehensive health and hygiene activities, while in Belize, Costa Rica and Panama, the focus will be on enhancing national capacities to achieve universal water supply by 1995.

11. In El Salvador, 67 of the poorest rural municipalities will benefit from the construction of mini-aqueducts and wells fitted with hand-pumps to reach 85 per cent coverage; 25,000 dry compost latrines will be installed; and community leaders and users will be trained in the operation and maintenance of the facilities.

12. In Guatemala, gravity-fed systems and hand-pumps will be constructed in 700 rural communities with populations under 500 inhabitants. The construction of 40,000 latrines is also planned, applying previous unutilized technologies such as composting and pour-flush water-sealed latrines. In urban areas, water supply will be expanded and complemented with public washing, sewage and garbage disposal facilities, in addition to tree planting for environmental protection.

13. In 30 barrios (slum neighbourhoods) in Tegucigalpa, the capital of Honduras, water supply systems will be implemented with cost-recovery components that will, in turn, support the extension of services to other marginal urban communities. Latrine construction will be complemented by a comprehensive social communication campaign to deliver hygiene and environmental education messages. In rural areas, UNICEF will cooperate with a non-governmental organization (NGO) in the construction of hand-drilled wells fitted with hand-pumps and of gravity-fed systems. Health, hygiene and environmental education, carried out through the schools, will complement community-level training.

14. In Nicaragua, 3,000 deep and shallow wells fitted with hand-pumps and 50 gravity-fed systems will be constructed in underserved rural areas. Sanitation needs will be met with the installation of about 25,000 latrines. All activities will count on a high degree of community participation. In addition, wells and latrines will be constructed for use by schools and health centres, while associated health education topics will be incorporated into the primary school curriculum.

15. In Belize, Costa Rica and Panama, where access to potable water is much higher, activities will be undertaken to mobilize resources, both internally and externally, to achieve universal water supply by 1995. In Belize, this will be complemented by strengthening Government capacity to construct and/or rehabilitate rainwater catchment systems and borewells. In Costa Rica and Panama, cooperation will support improved monitoring systems so that unattended pockets are identified and fully considered in new programme plans, in addition to the mobilization of commitment and resources and the use of low-cost technologies.

16. Subregional mechanisms will be established to ensure a high level of coordination with other international development agencies, including the United National Development Programme (UNDP), the Pan American Health Organization (PAHO), and the World Bank. In addition, country-specific components will be coordinated with those of bilateral agencies and NGOs active in the sector.

17. Comprehensive systems for monitoring and evaluating of the programme will be established, including data recording and reporting systems, the use of appropriate indicators and quarterly progress reports. At the local level, the UNICEF-supported sentinel-site methodology for health monitoring and evaluation will incorporate water supply and sanitation indicators to measure the impact of some of the programme interventions on personal hygiene practices and health indicators. The minimum evaluation procedure established by the World Health Organization (WHO) for the evaluation of water supply and sanitation projects will be utilized for both periodic and final evaluations. In each country, a national database and monitoring system will be established.

Estimated annual expenditure

(In thousands of United States dollars)

Country	1991	1992	1993	1994	1995	Total
Belize	210	210	210	210	210	1 050
Costa Rica	100	100	100	100	100	500
El Salvador	600	600	600	600	600	3 000
Guatemala	1 000	1 000	1 000	1 000	1 000	5 000
Honduras	700	700	700	700	700	3 500
Nicaragua	973	987	887	826	877	4 550
Panama	100	100	100	100	100	500
Subregional	410	410	360	360	360	1 900
Total	4 093	4 107	3 957	3 896	3 947	20 000

II. ECUADOR

U5MR: 85
IMR: 61
GNP per capita: $1,120

Child population (0-15 years): 4,4 million
Literacy (male/female): 86/81 per cent
Access to health services: 75 per cent

One year-olds fully immunized against:

tuberculosis:	91 per cent
diphtheria/pertussis/tetanus:	54 per cent
measles:	56 per cent
polio:	63 per cent

Pregnant women immunized against:

tetanus:	NA

18. Ecuador experienced economic problems during the 1980s. Since the onset of the economic crisis in 1982, real wages and the standard of living have dropped, while inflation rose to 86 per cent in 1988. The crisis has been attributed mainly to the decline of the price of oil and other export products and to the decrease in the flow of capital, which paralysed the export economy.

19. Because of the economic crisis, resources for social expenditures have decreased steadily. Allocations for education dropped from 26 per cent of gross domestic product (GDP) in 1982 to 18 per cent in 1989, while the allocation for health was reduced from 7 to 5 per cent during the same period. On the contrary, the percentage of GDP to service the external public debt rose from 21 per cent in 1982 to 24 per cent in 1989, and to about 27 per cent in 1990.

20. In order to lay the foundation for overcoming the economy's present dependence on oil, the Government is promoting the development of new export-oriented activities that progressively incorporate the urban and rural marginal population into productive activities. This policy aims to combat poverty and especially meet the basic needs of the most vulnerable groups, i.e., women and children.

Social communication and mobilization

21. In order to accelerate the implementation of the national development plan and reach more people, the Government has decided to strengthen the national communication system and to define a communication policy for social development.

22. The communication system of Ecuador includes different elements that operate in isolation. Some of the components of this system are as follows:

(a) The Secretaría Nacional de Comunicaciones (national communications secretariat) is responsible for regulating and channelling information and making it more democratic. Some attempts have been made to transform it into a communications secretariat for development, but it has yet to overcome its role and image as a political institution;

(b) The country's colleges of social communications train professionals in public relations and mass media, but with an inadequate grasp of production capacity. There is a need for professionals who are able to work in areas of communications planning for development and participatory and educational communications;

(c) The mass media are profit-oriented entities that devote little time to educational, developmental and mobilization activities. None the less, they have collaborated with the Government in supporting national campaigns for immunization and breast-feeding, among others;

(d) The radio and printed media convey a great deal of information generated at the local level, but social issues, particularly women's and children's problems, do not get the same level of exposure given to political and economic information.

23. Increased efforts have been made in recent years to reinforce national production, especially by television stations, because they have greater resources than independent production companies. However, their productive capacity is still technically inadequate. There is a need to train human resources in all areas, including the artistic, aesthetic and literary fields.

24. The current country programme, approved by the Executive Board in 1990 (E/ICEF/1990/P/L.12), has helped to bring the child into national focus, with the support of NGOs and concerned government representatives. The Government has requested UNICEF to continue a sensitization process, at all levels of society, about the critical situation of children and to mobilize public opinion. The Government is requesting UNICEF to expand its programme for the formulation of a coherent and effective information and communication policy as a function of national development requirements.

25. The Government seeks UNICEF cooperation (a) to continue the mass awareness process about the problems of children and women and to promote actions to reduce their level of poverty; (b) to support the mobilization of different government and private organizations for the solution of children's problems and the supply of services; (c) to enhance the participation of the poor as a means of increasing their access to basic services and improving the quality of life of children, women and families; and (d) to facilitate educational processes to ensure that children understand and protect their own rights.

26. The proposed social communication activities will include the following components.

Training

27. The objective is to train communicators of the Social Front which consists of the Ministries of Health, Social Welfare, Education and Labour and the Consejo Nacional de Desarrollo (national development council), NGOs and the mass media to identify the most effective channels of communications to reach different audiences, to design and produce communication materials and to evaluate the impact of this material on the behaviour of the target audiences. The Social Front is responsible for coordinating the production of communication materials to support developmental programmes, but lacks the technical and logistic capacity to do so.

28. UNICEF will support the Social Front by: (a) organizing two workshops per year to train 80 per cent of the media personnel, as well as government officials and NGO staff; (b) producing training packages for planning, communication, analysis and design of educational messages, for the production of print, radio and television materials and for evaluation techniques applied to communication; and (c) organizing training sessions for community leaders and/or agents on the efficient use of local forms of communication to enhance community participation and increase access to social services.

Production of an animated series

29. UNICEF will support the production of educational materials using animation. Support will be provided to organize training programmes for media professionals who will be directly involved in these activities.

Educational communication

30. Support will be provided (a) to produce educational materials for radio and television in short formats for a massive diffusion of Facts for Life and the Convention on the Rights of the Child; (b) to produce a schoolbook with messages from Facts for Life and the Convention, to be distributed through the formal education system; (c) to organize training courses for graphic artists for the productions of different posters on Facts for Life for a mobile exhibition in several cities in the country, for radio producers for the production of radio programme on the rights of the child and for journalists for the preparation of written reports on child survival and development (CSD); and (d) to support the establishment of a written information system on topics related to the survival and development of children and women. This system will operate through the mail and will include information of interest to professionals, students, artists, intellectuals and persons concerned with children's and women's topics.

Mobilization and organization of children

31. Those activities will be carried out in three yearly phases. In the first year, a group of children from different schools in Quito will go to the countryside to discuss the principles of the Convention on the Rights of the Child with rural children. In the second year, working children will organize a workshop for the production and sale of wooden articles with Facts for Life messages. The proceeds will directly benefit these same children, in the form of recreational activities. In the third year, a children's video workshop will be established where children can produce television spots on children's rights to be broadcast on commercial channels and in the schools, where they can discuss their experience.

Exchange of the experience with the Andean area

32. UNICEF will support the organization of a regional meeting of information and communications officials from the Andean countries to analyse the possibilities of applying the experience learned in this project to other countries in the Andean region.

Cooperating agencies

33. Cooperation will be coordinated with the Centro Internacional de Estudios Superiores en Periodismo para América Latina (International Centre for Higher Journalistic Studies for Latin America), the Asociación Latinamericana de Educación Radial, (Latin American Association of Radio Education), and the Catholic Communications Association-Latin America for the production of training modules and human resources training for Ecuador and the other countries in the Andean region.

III. PERU

U5MR: 119
IMR: 84
GNP per capita: $1,300

Child population (0-15 years): 8.5 million
Literacy (male/female): 90/75 per cent
Access to health services: NA

One year-olds fully immunized against:

tuberculosis: 61 per cent
diphtheria/pertussis/tetanus: 58 per cent
measles: 52 per cent
polio: 59 per cent

Pregnant women immunized against:

tetanus: 12 per cent

34. The current country programme for Peru covers the period 1987-1992. However, the Government is requesting an expansion of UNICEF assistance in view of the unprecedented economic crisis that is affecting the country. The extended programme will include ongoing activities for health, education, nutrition, water supply and sanitation and children in especially difficult circumstances.

35. This proposal is a response to the urgent call made by the Secretary-General of the United Nations, requesting the international community to support Peru and urging all the agencies of the United Nations system to multiply extraordinary and coordinated efforts in support of the country. Expanded UNICEF cooperation will benefit children and women who live in conditions of critical poverty.

36. Peru is facing a grave economic and political crisis that is hampering Government capacity to provide adequate services to the most vulnerable sectors of the population. The external debt problem, which hinders the country's access to external financial flows, together with an exceptionally severe drought, which required the declaration of a state of emergency, has worsened the already serious economic situation.

37. Poverty levels in Peru have risen dramatically. It is estimated that 13 million people, over 60 per cent of the total population, live in critical poverty, with an average per capita income of $14 per month. Of this poor population, over 6 million people are children under 14 years old and over 2 million are children under five years old.

38. Social indicators, mainly those related to maternal and child health, do not fully reflect the country's serious deterioration, either because of the success of actions specifically geared to improving child survival and development (CSD) (e.g. immunization campaigns and the campaign against diarrhoeal dehydration) or because of the slowness with which statistics change.

39. About 56 per cent of the population have no access to potable water in their homes, and 67 per cent have no basic sanitation service. Such figures are even worse for the departments located in the Andean zone.

40. To compensate for the social effects of the crisis, a social emergency plan was put into operation in August 1990. The plan foresees actions for improving nutrition, health and employment. It establishes an investment of $275 million for the first five months of implementation, out of the $415 million deemed necessary, which is expected to be obtained through the extraordinary support of external cooperation.

Health

41. Despite the high increase of vaccination coverage, which resulted from national immunization campaigns conducted in 1989, there are still almost 300,000 children under the age of one year who have not been immunized. The decrease of morbidity caused by vaccine-preventable diseases is evident.

According to the Directorate of Epidemiology of the Ministry of Health, the number of cases of polio reported in 1984 was 184, while in 1989 there were only 17 reported cases. A study conducted by the Cayetano Heredia University in 1989 showed that deaths due to diarrhoea were reduced by 28 per cent between 1986 and 1989.

42. The reduction of social expenditure is virtually paralysing institutional services and hindering the possibility of consolidating the accomplishments of recent years, especially in the area of child health.

43. In view of this situation, the Government is seeking UNICEF support (a) to conduct national immunization campaigns to sustain current levels; (b) to provide basic medicines for health centres and training to health staff on the management of revolving funds; (c) to strengthen the Directorate General of Maternal and Child Health of the Ministry of Health; (d) to establish 2,000 communal oral rehydration units; (e) to strengthen the capacity of the section of epidemiological surveillance of the Ministry of Health to monitor the impact of the crisis on the health of mothers and children; and (f) to consolidate and expand the participation of organized poor women in immunization actions.

Education

44. In Peru, about 12 per cent of children under 15 years old are illiterate. In 1989, there were 1,170,000 illiterate women. The country's average school enrolment rate is only 70 per cent, and 60 per cent of Peruvians reach the age of 15 years without having completed the school cycle. If the situation was to remain unchanged, out of the approximately 600,000 children who will enter first grade in 1991, 275,000 will drop out of school before completing the fifth grade and only some 100,000 will complete primary school. In addition, the budget of the education sector fell from $342 million in 1987 to $29 million in 1989.

45. For those reasons, the Government requests UNICEF assistance (a) to design experimental non-formal education models for women living in rural areas; (b) to produce educational materials to promote Facts for Life; (c) to train teaching staff who are voluntarily participating in CSD actions; (d) to provide initial non-formal education for 40,000 children in three of the country's poorest departments; and (e) to expand the coverage of non-formal initial education into the highlands and jungle regions.

Nutrition

46. Before September 1988, when the Government was forced to enact a structural adjustment programme (SAP), it was estimated that 39 per cent of Peruvian children were suffering from some kind of malnutrition. Since the price of the products comprising the basic family market basket rose to an equivalent of over four minimum salaries, the social, nutritional and health situations of the poor have been jeopardized. Some 8 million people living in the highlands and the jungle suffer from iodine deficiencies. An estimated 34 per cent of school-age children are affected by goitre.

47. To improve this situation, the Government has requested UNICEF to support (a) the creation of a national nutrition surveillance system, in coordination with the Food and Agriculture Organization of the United Nations (FAO) and PAHO; (b) the design of a national food aid plan, with the participation of the public sector, NGOs and other international agencies; (c) the regional social affairs secretariats for the diffusion of community-based nutrition surveillance practices; (d) the central and regional governments in establishing effective control mechanisms for using iodized salt in areas where endemic goitre is prevalent; (e) the promotion of the massive dissemination of growth charts among the 6,000 women's organizations in the country's 19 departments; (f) home food production for family consumption in 200 rural communities; (g) the distribution of iron and vitamin A capsules through the organized women's groups, feeding centres and supplementary food programmes; and (h) the promotion of breast-feeding at the national level.

Water supply and sanitation

48. In Peru, water is a scarce resource that is poorly used and distributed. About 44 per cent of the Peruvian population lack access to potable water and only 33 per cent have some kind of basic sanitation. The case of Lima, the capital, is particularly serious because, in order to meet the water needs of its growing population, an estimated 23.4 million cubic metres per second are currently needed, while actual supply is only 17.3 million cubic metres per second. This situation has been aggravated by the most serious drought in the last 30 years, which is significantly reducing the volume of water of the rivers, further worsening the already precarious and insufficient water supply.

49. The Government has initiated actions to alleviate the serious deficiencies in some of the most critical areas of Lima, as well as to improve water provision in some rural areas.

50. The Government has agreed that UNICEF should (a) support the National Inter-Institutional Committee in designing emergency projects for water supply in big city slums; (b) support the formulation of specific norms for the rationalization of water use in public establishments; (c) support public institutions such as the Servicio de Agua Potable y Alcantarillado de Lima (water supply and sewerage service of Lima) of the Ministry of Health and the Ministry of Housing, Health and Agriculture in expanding the adoption of low-cost technologies, which enhance popular participation; (d) supply water to 300,000 people in marginal urban areas through reservoirs and connections to public taps built and maintained by the communities; (e) train communal promoters for the treatment of water with chlorine and the control of the quality of water; (f) construct 25,000 latrines with community participation; and (g) organize administrative committees for water systems that are to be responsible for planning, executing and monitoring the activities and subsequent maintenance of the works on a voluntary basis.

Children in especially difficult circumstances

51. The number and intensity of the problems affecting children in especially difficult circumstances have increased significantly, either because of the deterioration of the economic situation or the growth and worsening of terrorist violence. The Instituto Nacional de Bienestar Familiar (national institute of family well-being) estimates that there are currently 3 million children under the age of 13 years at risk, of whom 325,000 are at high risk. In addition, one fourth of the children from 8 to 13 years of age from low-income households perform remunerated tasks.

52. The most urgent aspect to be addressed is the inadequate capacity of public institutions to assist the great number of children in difficult circumstances. The current approach is to confine the children within closed premises, which withdraws them from their environment and favours criminality. More specific analyses are needed to specify the quantity and quality of the clearly differentiated phenomena (working street children, street children, orphans or those affected by violence, etc.), and of the Children's Code, which has become totally obsolete.

53. UNICEF will support (a) the promotion of regional projects to pay attention to and protect children who are victims of armed conflicts; (b) the provision of technical assistance to the Ministry of Justice for the adaptation of norms to improve the situation of children in public institutions; (c) the training of personnel of those institutions; (d) the promotion of the principles of the Convention on the Rights of the Child among congressmen and the Ministry of Justice; (e) the training of personnel of the Children's Police Division; and (f) the use of the mass media to create public awareness of the dramatic increase in the number of children in difficult circumstances and on the nature and causes of their problems.

Social development

54. Income-generating activities will be established in the southern departments of the country to benefit some 200,000 women. A system will be developed through which the Government and the private sector will cooperate with the women's associations to establish self-reliant groups to articulate priorities and identify existing resources for income-generating activities.

Cooperation with other agencies

55. Inter-agency cooperation has become increasingly important because of the rapid deterioration of the country's situation and the subsequent rapid increase in its requirements for technical and financial support. Agreements for joint actions are already in operation with the World Food Programme (WFP), PAHO/WHO and the Centro Panamericano de Ingeniería Sanitaria y Ciencias del Ambiente (Pan American Centre for Sanitary Engineering and Environmental Sciences) in the areas of food and nutrition, health and water supply and sanitation, respectively. In 1991, agreements will be concluded with the International Labour Organisation (ILO) and the United Nations Industrial Development Organization (UNIDO) to promote income-generating activities.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1991	1992	1993	1994	1995	Total
Central America and Panama						
Water supply, sanitation and environmental education	4 093	4 107	3 957	3 896	3 947	20 000
Ecuador						
Social communication and mobilization	300	400	300	-	-	1 000
Peru						
Health	1 500	2 000	-	-	-	3 500
Education	700	800	-	-	-	1 500
Nutrition	500	500	-	-	-	1 000
Water supply and sanitation	1 000	1 000	-	-	-	2 000
Children in especially difficult circumstances	600	900	-	-	-	1 500
Social development	700	800	-	-	-	1 500
Subtotal	5 000	6 000	-	-	-	11 000
Total	9 393	10 507	4 257	3 896	3 947	32 000

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SUMMARY

This document contains recommendations for supplementary funding in countries in the Asia region for which no recommendations for funding from general resources are requested at the 1991 Executive Board session. The project proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the projects listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Bangladesh	48 828 000	1991-1993
China	6 764 000	1991-1994
Sri Lanka	2 000 000	1991-1993

Summaries of the individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

I. BANGLADESH

U5MR: 184
IMR: 116
GNP per capita: $170

Child population (0-15 years): 52.5 million
Literacy rate (male/female): 45/19 per cent
Access to health services: 45 per cent

Water supply and sanitation

1. The Government of Bangladesh is committed to achieving universal coverage of rural water supply and sanitation. Since 1972, the Government has consistently implemented a rural water supply and sanitation programme. The impressive improvement in rural water supply means that 131 people get their water per operating tube-well in 1990, down from 417 people per tube-well in 1972, and rural sanitation coverage has risen from zero to approximately 6 per cent during the same period. The Government substantially increased its budget allocation to this sector in 1990 and plans to continue the trend in the fourth five-year plan period (1990-1995), with the goal of achieving accelerated implementation and balanced coverage of water supply between the different hydrogeological regions of the country. The government plan includes sharing of responsibility and cost of installation and maintenance with the beneficiaries to achieve sustainability.

2. To date, the Government, with UNICEF support, has installed and maintained 565,400 hand-pump systems, rehabilitated 160,000 blocked tube-wells and produced and sold over 800,000 water-seal latrines to families/communities at cost. UNICEF also provided technical assistance and support to improve the designs of water and sanitation technologies, develop alternative technologies and hydrogeological mapping of coastal and low water-table areas. UNICEF successfully persuaded the Government to involve the community in programme implementation.

3. The general objectives of the water supply and environmental sanitation programme are to reduce the incidence of diarrhoeal diseases and parasitic infections in children and to strengthen national capacity to provide water supply facilities for rural areas and urban slums and fringes to achieve the maximum possible health impact.

4. The specific objectives are to:

(a) Derive the maximum health impact by more effectively integrating strategies for improving water supply and sanitation services and personal hygiene;

(b) Seek behavioural change through intensive health education, leading to wide-scale adoption of proper sanitation and personal hygiene practices and use of tube-well water for drinking and other purposes;

(c) Increase sanitation coverage from the current levels of 6 per cent to at least 16 per cent throughout the country and to around 30 per cent in areas prone to diarrhoea epidemics;

(d) Increase water supply coverage through the installation of 66,740 new hand-pump systems, the rehabilitation of 45,650 existing hand-pump systems and the proper operation and maintenance of the facilities.

5. The above objectives will be achieved by involving government agencies, in addition to the Department of Public Health Engineering, in programme development and implementation; giving priority to water supply in the coastal belt and low water-table areas where access to safe drinking water is still very poor; strengthening the participatory approach to tube-well installation, which is strategic to ensuring sustainability after the withdrawal of external assistance; and making adjustments in sharing the cost of sinking tube-wells by the Government and beneficiaries, as well as UNICEF, in view of price escalation, to achieve the enhanced physical targets. UNICEF will cooperate with the Government in implementing the six projects described below.

Village sanitation

6. The project will be implemented in all 460 upazilas (subdistricts) of the country by undertaking nation-wide social mobilization and intensive health education and the production and sale, through the government system, of 300,000 to 400,000 water-seal latrine slabs a year. The project will ensure the availability and/or self-help construction each year of a further 1.05 million latrine units of different kinds so as to enhance national coverage to 16 and up to 30 per cent in some selected upazilas. People will be encouraged to build some latrines with local materials, with the rest being provided by private producers and non-governmental organizations (NGOs) at local levels, with limited UNICEF assistance and mass industrial production of plastic units that are sold at subsidized rates through the Department of Public Health Engineering and NGO centres.

Rural water supply and sanitation in the low water-table area

7. The project will be implemented in 200 upazilas and will provide domestic water for approximately 7 million people in rural communities by installing 35,400 deep-set hand-pumps with large platforms, improving coverage to approximately 469 people per operating tube-well; promoting the construction of 354,000 low-cost simple hygienic latrines by beneficiaries of the hand-pumps; and improving the personal hygiene practices of 2.1 million beneficiaries.

Rural water supply and sanitation in the coastal belt

8. The project will be implemented in the 84 coastal belt upazilas and will provide domestic water for approximately 2 million people in rural communities in the coastal belt by installing 8,180 hand-pump systems (including 7,000 deep tube-wells) with large platforms, improving average coverage to approximately 300 persons per operating hand-pump; promoting the construction of 81,800 low-cost simple hygienic latrines by beneficiaries of the hand-pumps; and improving the personal hygiene practices of 500,000 beneficiaries.

Rural water supply and sanitation in the shallow water-table area

9. The project will be implemented in 176 upazilas where the water table lies within 7.75 metres of the surface and where there is no problem of salinity. Upazilas may be added to or deleted from the project after joint agreement by the Government and UNICEF. The project will also provide shallow tube-wells in those upazilas that fall within the scope of UNICEF-assisted projects for rural water supply and sanitation in the coastal belt (84 upazilas) and in the low water-table area (200 upazilas). This project will provide domestic water for approximately 1.27 million people in the shallow water-table area by installing 18,250 shallow hand-pump tube-wells with large platforms and improving average coverage to 81 persons per public hand-pump. It will also promote the construction of 182,500 low-cost simple hygienic latrines by beneficiaries of the hand-pumps and improve the personal hygiene practices of 1 million beneficiaries. UNICEF will assist this project only through the 1992-1993 implementation period, after which the Government will assume responsibility.

Water supply and sanitation in urban slums and fringes

10. The project will commence in the fringe and slum areas of a limited number of pourashavas (municipalities) and gradually expand to 59 pourashavas in the country. It will provide domestic water for approximately 500,000 people in fringe and slum areas of towns by installing 4,640 hand-pump systems. It will also construct 39 latrine production centres where 18,000 water-seal latrine components will be made.

Rural water supply and sanitation maintenance, rehabilitation and upgrading

11. The project will be implemented in all upazilas of the country and its objectives are: (a) to reduce the proportion of inoperative hand-pumps to 3 per cent by training caretaker families, providing tools and spare parts and by transferring the responsibility for maintenance to the beneficiaries; (b) to reduce the proportion of blocked tube-wells to 7 per cent by desanding 45,000 shallow tube-wells, resinking 45,000 shallow tube-wells and rehabilitating 300 deep-set and 350 deep tube-wells; (c) to construct or repair 12,500 platforms of existing deep-set and shallow tube-wells; (d) to enlarge 10,000 existing one-bag platforms in deep tube-wells, shallow tube-wells and deep-set wells; and (e) to upgrade 105 existing unprotected water sources where tube-wells are not feasible.

12. UNICEF will seek an estimated $29.7 million in supplementary funding for the water supply and sanitation programme in the July 1991 to December 1993 period. All six projects will be implemented by the Department of Public Health Engineering of the Ministry of Local Government, Rural Development and Cooperatives.

Education

13. This submission is part of the ongoing universal primary education and non-formal education and functional literacy projects already approved by the Board in 1988 for the 1988-1993 programme. Owing to the accelerated utilization of funds and the enormous needs in this area, and in order to take advantage of the momentum and interest generated by the World Conference on Education for All, this project is being submitted for additional supplementary funding in the amount of $16,171,000 for the period 1991-1993.

14. The Government played an active role in promoting the World Conference on Education for All by hosting the Regional Conference on Education for All for South and Central Asia in early December 1989 in Dhaka, Bangladesh. One outcome was the declaration making primary education compulsory for all up to grade 5. Furthermore, to help reduce the imbalance in the enrolment rates of girls and boys, education was made free for girls in rural areas up to grade 8. This was a significant breakthrough for advocacy on behalf of girls in the South Asian Association for Regional Cooperation Year of the Girl Child 1990. The new fourth five-year national plan reflects these imperatives.

15. Improving the educational level of the population remains a challenge in Bangladesh, a society marked by high population growth and extreme poverty. A telling indicator is the fact that the adult literacy rate has only increased from 25.8 per cent in 1974 to around 31 per cent in 1990. During the same period the absolute number of illiterates increased from 27 million to 46 million in 1990.

16. Primary gross enrolment registered a marginal increase, moving from 60 per cent in 1986 to about 70 per cent in 1990. The ratio of boys to girls in primary schools stands at 56:44. All levels of education are marked by high rates of wastage, with nearly 70 per cent of the children dropping out before completing grade 5. Therefore, the majority of children drop out in the first two grades without attaining even basic literacy or numeracy skills.

17. On average, only around 50 per cent of the children enrolled actually attend school daily. Because school hours and semesters are not adjusted to the hours children work in paid employment or agriculture, during the peak agricultural months (May, August, September and December), school attendance drops even further. Poor parents often cannot forgo the labour of their children. For example, nearly all girls from households that own agricultural land go to school, whereas fewer than 1 out of 10 from poor households attend schools.

18. Some causes of poor enrolment and high drop-out rates are: (a) perceived inadequacy of primary education as a means of alleviating poverty and assisting in the struggle for survival; (b) the poor quality of the teaching-learning process in primary schools; (c) the serious difficulties confronting many children who are unable to bridge the gap between their disadvantaged home environment and the formal primary school situation; (d) inadequate community support and involvement; (e) inadequate

advocacy/social mobilization efforts to stimulate demand for basic education and promote positive attitudes towards education; and (f) limitations in access to educational services in terms of physical facilities, cost and distance.

19. Many of the activities and approaches supported in the 1985-1988 period have continued with a sharpened focus and greater emphasis on qualitative improvement, particularly on innovative approaches, rather than budget support. Stronger linkages between component activities, such as curriculum renewal, the development and production of instructional materials and teacher training, have been built into the programme. Increased enrolment and retention of children from disadvantaged families, especially girls, and active community participation have been demonstrated through the experience of the Bhaluka Satellite School, as well as non-formal schools within easy access to children, established by the Bangladesh Rural Advancement Committee (BRAC) and other NGOs. UNICEF is assisting the mass education project to develop a viable programme and organizational framework for launching a national mass education programme during the fourth five-year plan. A greater effort has been made to create linkages between UNICEF-supported education activities of health, nutrition, water supply and sanitation and women in development to promote child survival and development (CSD).

20. Compulsory universal primary education is the basic goal of the fourth five-year plan (1990-1995) and constitutes the overall framework within which basic education activities, with UNICEF support for 1991-1993, will be implemented. Significant efforts towards universalization of primary education were made in the formal education sector during the second (1980-1985) and third (1985-1990) five-year plan, with substantial allocation of resources (development expenditure increased from 13.3 per cent during 1973-1980 to 46 per cent during the third five-year plan). Gross enrolment, nevertheless, increased only slowly from 58 per cent in 1973 to about 70 per cent in 1990.

21. The government decision to make primary education compulsory, including increased financial allocation (development budget projected at 49 per cent in 1990-1991), has clearly demonstrated its political will and commitment towards universal primary education and education for all during the fourth five-year plan. Making girls' education free up to grade 8 underlines the fact that their education deserves special attention, especially in the light of the low rate of women's literacy and women's important role in the family.

22. The major thrust of the universalization of primary education will be to increase the enrolment and retention of children in schools. With the introduction of compulsory primary education in 1991, it is hoped that all six-year-old children will be enrolled in grade 1 and retained in school until they complete the primary cycle, thus ensuring primary education for all primary-school-age children by the year 1995. The introduction of compulsory primary education will eventually help to eliminate both gender and regional disparities. However, until the objectives are fully met, specific strategies

and interventions will be developed to ensure greater participation of deprived and disadvantaged groups, especially girls, women and the urban poor, in basic education programmes and related activities.

23. Special attention will be given to the promotion of girls' education, literacy and life skills training since, compared with boys, their enrolment is lower and their drop-out rate is higher. The investment in education for girls and women will produce added returns in the form of improved health and nutrition, and increased participation of children in schools. Concerted social mobilization actions will be initiated to help empower women to play an active role in basic education activities.

24. To provide access to primary school for all children, the effective utilization of indigenous institutions, such as mosque-based maktabs, will be pursued. An effective alliance of conventional strategies and innovative approaches will strengthen the process and accelerate achievement of universal primary eduction.

25. To improve the quality and relevance of basic education and make the teaching-learning process more effective, current efforts of curriculum renewal and modification and their application in the classroom, as well as the design and development of instructional materials and teaching aids, will be continued. Special attention will be given to improving teachers' performance through continual teacher-training and other support services.

26. Through decentralization, the Government aims to integrate central-level support, guidance and resources with support and resources from the intermediate level (district and upazila level) and the local level (school management committees and parent/teacher associations) to establish an efficient system that meets the needs of the population.

27. The effective mobilization of all government and non-government initiatives and resources is imperative for achieving universal and compulsory primary education. Collaboration will continue with other agencies such as the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme, the World Bank and the Asian Development Bank, in addition to the Norwegian Agency for International Development, the Swedish International Development Authority (SIDA), the Government of the Netherlands, and the Overseas Development Administration.

28. The consolidation of ongoing activities to develop mutually reinforcing programmes in such areas as immunization, efforts to incorporate relevant messages from Facts for Life into curricula, materials and training activities and the special concern for girls' education indicate the strong relationship between basic education and CSD.

29. UNICEF will continue to assist the Government in two broad areas: universalization of primary education and non-formal education and functional literacy. The general education project for the universalization of primary education represents the focus of government efforts in the field of formal primary education development during the fourth five-year plan (1990-1995). It constitutes the overall framework within which activities have been identified for UNICEF assistance for the period 1991-1993, based on the 1988-1993 country programme. It is expected that government efforts to achieve universal primary education will continue to be reflected beyond 1993 by similar major programmes to which UNICEF will provide support. Many activities within the current national programme to achieve universal primary education will need to be continued and sustained through the fifth five-year plan.

30. The ongoing national programme to achieve universal primary education consists of a number of components such as the construction and renovation of primary schools, the training and retraining of teachers and other education personnel, curriculum development, technical assistance, the development and production of textbooks and the provision of instructional materials and teaching aids. These are all essentially designed to expand the formal primary education system and to substantially improve its quality.

31. The programme has been supported by a number of bilateral and multilateral donors, including UNICEF, and by a major loan from the World Bank. UNICEF cooperation will continue to be an integral part of the programme, but will focus on the main areas and concerns that hinder primary education coverage and quality, identified during the implementation of the third five-year plan.

32. A yearly work plan introduced by the Ministry of Education in 1985, is reinforced by a six-monthly work plan for UNICEF-assisted activities. Progress and problems are reviewed on a quarterly basis. The flow of information to and from the field is strengthened by the management information system of the Directorate of Primary Education, and corrective measures are suggested for improved project implementation on a quarterly basis.

33. A project implementation unit has also been created in the Ministry of Education to oversee the implementation of the scheme, review progress, analyse major implementation problems and recommend necessary measures to the Ministry. UNICEF field offices are also involved in monitoring and evaluating the implementation of various components of the project. Small-scale illustrative and evaluative studies will be undertaken as and when required under the various components of the project.

34. An overall government policy on providing educational and learning opportunities outside the formal school system has yet to emerge. Traditionally, non-formal education and literacy activities have been components of the efforts of national and international NGOs, with only limited government intervention and support. Lately, it has been recognized

by the Government that to achieve the goals of education for all and universal primary education, government efforts must be supplemented by strengthened and expanded community and NGO efforts to provide basic education opportunities for out-of-school children, through a non-formal approach, adult literacy and life skills training.

35. The Government has recently decided to mainstream the primary level Islamic religious schools, the Ebtedaee Madrasa, into the primary school system, creating nearly 1.8 million places for primary-school-age children. Similarly, the maktabs (mosque-based schools) could provide primary education to another 1 million; the private rural primary schools have 1.5 million pupils. The capacity that exists in these and other facilities, as well as in government primary schools, can accommodate nearly 16.5 million primary-school-age children and make primary education universal by the year 2000.

36. Activities will, therefore, include the development of maktab education and non-formal basic education, a national literacy programme, early childhood education and preparation for school and community-based learning activities. A six-monthly work plan and performance assessment table are being used to plan activities with UNICEF support and review implementation on a regular basis by the Ministry of Education.

Women's health and development programme

37. The Government has requested UNICEF to assist BRAC, the largest NGO in the country, in view of its proven ability to work effectively at the grass-roots level and to target the poorest of the poor, in providing a package of interventions for women's health and development. The ultimate aim is to reduce maternal and infant/child mortality while developing a local capacity to sustain the results.

38. Specific objectives of the women's health and development programme are: (a) to reduce the maternal mortality rate (MMR); (b) to reduce the infant and child mortality rate and decrease the incidence of low birth-weight babies; (c) to increase immunization coverage of children under one year old and pregnant women to 85 per cent; (d) to increase the contraceptive prevalence rate for modern methods to 50 per cent; (e) to increase vitamin A distribution to children under five years old to 80 per cent; and (f) to diagnose and treat 75 per cent of tuberculosis cases and 75 per cent of pneumonia cases in the pilot area.

39. The programme will be carried out in 15 upazilas, clustered in groups of four or five, covering a population of approximately 3 million in almost 2,250 villages. The 15 upazilas will be selected on the basis of need and the interest of their populations in participating actively in the programme. In 2 of the 15 upazilas, intensive interventions will be made to reduce maternal mortality, while in another two, special interventions will be made to reduce respiratory infections, particularly pneumonia. In addition, 15 teams will serve as facilitators, assisting the public sector in up to 90 upazilas and

municipalities that continue to have less than the desired level of immunization coverage. The present primary health care programme under the child survival project and the rural development programme will continue with reduced staff involvement until it is handed over in full to the rural development programme in one year.

40. The following activities will be undertaken: a health cadre of 30 village women will be trained in each of the 2,250 villages; a village health worker will be trained in each village; effective village committees and mothers' clubs will be established in 2,250 villages.

41. Using a community-based approach, the programme will call upon the experience and expertise of BRAC to address effectively the complex and varied problems facing the rural poor. Special emphasis will be given to the landless and the assetless poor, as BRAC has in all its development projects since 1976, and the programme will draw heavily on the services of women and direct a significant portion of its services to women, as a programme by women for women. Particular emphasis will be placed on improving pre-natal care and delivery practices in order to reduce the high MMR.

42. The programme will also be integrated, combining literacy and education with rural development, credit and income generation, and incorporating preventive, promotive and some curative interventions. BRAC has proven its ability to establish strong community-based organizations that can assume responsibility for local development activities. That, and its recent success with rural credit, greatly increase the chances that the programme can be sustained.

43. The women's health and development programme is expected to operate for a minimum of three years and, if targets are not met, for four years. After it ends, the rural development programme will assume the functions of the health and development programme for four more years, during which time all health and development activities will continue with reduced input from BRAC. At the end of seven or eight years when the BRAC bank takes over, the programme should be self-sustaining. Major programme components are listed below.

Education

44. A group of 30 adolescent girls (11 to 16 years of age) from low-income households will be selected in each village to learn functional literacy, numeracy, credit and social studies during a 20-month period. Training will also be given in proper health/nutrition practices and in how to monitor the health status of mothers and young children, including growth monitoring practices. Once trained, the 30 young women will serve as their village's health cadre, each of them responsible for 7 to 10 households near her home. To prepare them for future rural development activities and to consolidate their interest in the programme, a loan and credit scheme will also be introduced. An interesting feature of the project is that the parents of each girl will be asked to sign a contract agreeing that their daughter will not marry until she completes the 20-month non-formal primary education course.

If the contract is broken, the parents have to pay BRAC monetary compensation. After the women's health and development programme ends, the education programme will continue as part of the rural development programme.

Health, nutrition and family planning

45. Each of the 2,250 villages participating in the women's health and development programme will have at least one trained traditional birth attendant (TBA). BRAC has developed a seven-day training course for TBAs, reinforced by a one-day refresher training session each month. The cadre, the village committee and the mothers' clubs will all help to link the community with the public health structure, mobilizing the community for immunization activities and vitamin A distribution. Counselling on family planning will also be provided. In addition to ensuring that all children are fully immunized by the age of one year, a concerted effort will also be made to immunize all women between the ages of 15 and 45 years with tetanus toxoid. During a child's first year, 50,000 international units of vitamin A will be given with each dose of the combined diphtheria/pertussis/tetanus vaccine, and 100,000 international units with the measles immunization at 9 months to test whether such a boost in vitamin A stores will protect the child during the first three years of life, the period of maximum vulnerability to infection. The TBA in each village will also play a role in organizing pre-natal care centres for pregnant women and all pregnant women will receive iron, folic acid tablets and at least two doses of tetanus toxoid vaccine. Special efforts will be made to identify mothers who are at high risk and they will be referred to union family welfare centres or upazila health complexes and district hospitals.

46. In the two upazilas where special efforts to reduce maternal mortality are to be made, women found to be severely underweight will receive 30 kilograms of wheat each as a special family ration each month (using wheat provided by the World Food Programme) to address the problem of low birth weight.

47. TBAs will also be trained in detecting acute respiratory infections (ARI) and tuberculosis, referral to clinics and monitoring of treatment. Health and nutrition education will also be emphasized. Knowledge, attitude and practice studies will also be undertaken to develop the most effective strategies and communication content of messages.

48. Another activity to be tried on a pilot basis is the drug cooperative, which village organizations will be encouraged to set up in each union. After successful implementation in a small area, this will be replicated. Sanitation, family planning and the management of health services activities will also be promoted. Information, education and communication will be included in all activities. Meetings will be held on various topics concerning women, such as health, nutrition and family planning.

49. Establishing links with government officials and workers will be one of the major challenges for the women's health and development programme. At the national level, liaison with the directorates of health and family planning will be maintained through personal contacts and consultative meetings. At the district level, BRAC workers will participate in all the relevant meetings and forums organized by the health and family planning authority. BRAC will also collaborate closely with upazila/union-level health and family planning personnel. Village organizations, fully involved with planning and management, especially of health activities, will be formed. Rural credit from the BRAC Bank will be an option, and BRAC will assist the community in establishing the economic foundation that will be required to support health-related services and activities no longer totally dependent on outside resources and technical assistance.

Monitoring and research

50. If the programme strategy is to be replicated elsewhere in Bangladesh, the most effective ways of integrating the various components of the approach (education, community organization and mobilization, mothers and infant/child health interventions, public sector facilitation, credit and development activities) must be studied and recorded.

51. UNICEF will seek $3 million for three years to support BRAC in the women's health and development programme.

II. CHINA

U5MR: 43	Child population (0-15 years): 327 million
IMR: 31	Literacy rate (male/female): 83/59 per cent
GNP per capita: $330	Access to health services: 90 per cent

Strengthening maternal and child health/family planning services at the grass-roots level

52. This project, which is being implemented by the Maternal and Child Health (MCH) Department of the Ministry of Public Health, seeks to lower maternal and child mortality and morbidity and improve nutrition in some of the most needy areas of China. Activities will focus on 300 of the poorest, most remote counties in China, with a population of over 100 million people, and which include many minority areas. While the majority of the counties are found in the north-west and south-west of the country, the Ministry of Public Health has included counties from all 27 provinces in the country. The counties selected meet the following criteria: an infant mortality rate (IMR) over 50 per 1,000 live births; a birth rate greater than 25 per 1,000 population; and per capita income below 300 yuan renminbi per year, which is less than one half the national average of 650 yuan renminbi.

53. The principal objective is to strengthen the three-tier - county, township and village - MCH service delivery network. This will be accomplished by (a) strengthening the coordination, management and supervision of the service delivery system; (b) promoting institution building and training, especially at the grass-roots level; (c) improving the management information system; (d) strengthening the provision of health education activities; (e) providing essential equipment; and (f) implementing selected applied research projects. An external evaluation by the Shanghai Medical University is planned, whose recommendations, along with routine monitoring visits by UNICEF/United Nations Population Fund (UNFPA) and the Ministry of Public Health, will play an important role in project management decisions.

54. Training is one of the most essential project components and, working closely with UNICEF/UNFPA staff, the MCH Department is developing training materials for use in all 300 counties for the first time. These materials, targeted for township and village doctors, use a variety of newly introduced training methods, more appropriate than the lecture method for adult audiences. The modules developed in the first year focus on breast-feeding, the control of diarrhoeal diseases (CDD), ARI, safe motherhood and family planning/child spacing. In subsequent years, training will cover growth monitoring, infant and child nutrition, establishment of a simplified MCH information system, use of data for management purposes and reinforcement and extension of the initial year's modules.

55. All the villages and townships will be provided with equipment, such as delivery bags and weighing scales for newly retrained MCH workers, to achieve a basic level of primary health care, with most of the funds made available by local and provincial governments. The Ministry of Public Health has established guidelines for such equipment. The relatively limited international assistance for each county will be used to provide vehicles for supervisory staff at the county level, training equipment and some essential back-up medical equipment for the referral MCH centre at the county level. In addition, UNICEF has agreed to supply tetanus toxoid vaccines to the 300 counties in a joint effort with the expanded programme on immunization.

56. The above strategies and activities are expected to improve significantly MCH services in all 300 disadvantaged counties. As a result, in five years it is expected that IMR and MMR will each decline by at least one third and that growth retardation will be substantially reduced. Such progress in the poorest parts of the country will be a major contribution to achieving the health goals for the 1990s in China.

57. An important aspect of the project is the extensive commitment that has been made by the Government and health system at all levels. The MCH Department has mobilized technical experts and project managers at national, regional, provincial and county levels. In addition, county and provincial governors have been oriented to project objectives and priorities and have pledged their support. In financial terms, the country's combined commitment from national, provincial, prefectural and county levels is three times that of the United Nations contribution. Probably of even greater significance is

the increased awareness, visibility and priority given to services for children and women in these disadvantaged areas as a result of the mobilization process of the project.

58. UNICEF, UNFPA and the World Health Organization (WHO) have worked together and with the Government to formulate this project. WHO will provide technical assistance, under a separate agreement with UNFPA, in three project components (management information systems, evaluation and MCH professional curriculum development). In addition, UNFPA will employ the services of the Programmes for Appropriate Technology in Health to develop two curricula appropriate for the Chinese situation and, working collaboratively with Chinese counterparts, to hold training workshops for regional and provincial MCH workers. UNFPA is also funding the evaluation activities of the Shanghai Medical University School of Public Health, which will work with WHO consultants to implement a variety of evaluation activities.

III. SRI LANKA

U5MR: 43	Child population (0-15 years): 5.9 million
IMR: 32	Literacy rate (male/female): 91/83 per cent
GNP per capita: $400	Access to health services: 93 per cent

The situation of children and women on estates

59. The resident population on state-owned estates was estimated at 751,000 in 1989, two thirds of whom are of Indian origin. (An estate is a tea or rubber plantation unit consisting of about 50 acres. The two state agencies - Janatha Estates Development Board and the Sri Lanka State Plantations Corporation - cover 51 per cent of the estate sector in Sri Lanka.) Children under five years old account for 15 per cent and women more than 50 per cent of the total population on estates. The Government is firmly committed to improving the social development of this long isolated minority group and its efforts have been strongly supported by UNICEF, donor countries and NGOs.

60. During the past decade, the health status of women and children on state-owned estates has improved. IMR, for example, declined from 104 per 1,000 live births in 1975 to 43 in 1989, although it was still higher than the national average of 32. MMR, however, declined slowly from 470 per 100,000 live births in 1975 to 300 in 1989, a rate far higher than the national average of 60. Nutrition levels are low both on estates and nation-wide, but the situation on estates is clearly worse, with a 33 per cent incidence of low weight births (below 2.5 kilograms compared with a 21 per cent incidence nation-wide. In addition, about 68 per cent of pregnant women on estates were seriously anaemic. A similar gap also exists in education. While the country has achieved a high literacy rate of 86 per cent and a primary school enrolment rate above 90 per cent, the levels on estates remain at 65 and 62 per cent, respectively. Government policy is to absorb estate

minorities into the mainstream and bridge all these gaps expeditiously. Under the medium-term investment programme for the overall development of the estate sector, a total input of $212 million was planned for the period 1985-1989.

61. However, current civil conflicts in the country have impeded progress. The loss of estate income that has resulted from the conflict has not only added to the economic difficulties of the country, but also left little profit with which estates can finance their own social development activities. Therefore, UNICEF and donors continued support is requested by the Government to maintain the achievements already made and to further reduce the gaps between estate and national indicators.

Past cooperation

62. The UNICEF programme for women and children on estates, begun in 1984 with a total allocation of $2.1 million, was financed jointly by the Governments of the Netherlands and Norway. By mid-1991, the funds for the programme will be fully expended.

63. The stimulus provided by the UNICEF-assisted programme has resulted in the two state agencies increasing allocations for social welfare and development, upgrading and making functional all crèches to provide child care and other health and welfare services. Using the crèche as an entry point, UNICEF support was expanded to cover a wider range of MCH activities, including nutrition and water supply and sanitation efforts.

64. Under MCH services a structure has been established to strengthen maternal care, immunization services and nutrition and health education. The estate paramedical staff were trained to conduct regular clinics for pregnant women in their health centres. Regional vaccine centres were established in each of the plantation regions and vaccines are distributed to all plantations and neighbouring villages. Midwives, crèche attendants and family welfare supervisors have been trained to work with estate medical assistants in conducting health education programmes for the resident population.

65. With the strengthening of the health and welfare infrastructure on each plantation, it has been possible to involve the community in health and welfare activities. The formation of worker-level committees was encouraged so needs could be articulated and self-help programmes formulated. Meanwhile, a change in the attitude of plantation management towards labour has taken place, with managers realizing that a healthy and contented labour force helps the system function more efficiently.

66. For the provision of safe water and sanitation facilities, UNICEF assisted in the construction of water schemes and latrines on 15 demonstration plantations. Water sources were protected and water supplied through closed wells with hand-pumps or tap-stands in the vicinity of living quarters. UNICEF also assisted in the construction and repair of one latrine per family.

67. Primary schools on the estates are controlled by the Ministry of Education. Distance education programmes have been supported by SIDA. Efforts have been made to improve participation and reduce the high drop-out rates in selected schools, but overall progress is far from satisfactory. Closer cooperation is needed between the two state agencies responsible for estates, the provincial councils and the ministry.

Proposed cooperation

68. The new proposal for 1991-1993 aims to reduce the IMR to well below 40 per 1,000 live births and MMR to below 100 per 100,000 live births; to reduce malnutrition; and to increase the rate of primary school enrolment on the 15 demonstration estates to equal the national rate. A two-pronged strategy will be adopted. Health, nutrition and crèche services will be provided to all estate women and children. Interventions in water supply, sanitation and education will be provided only on the demonstration estates.

69. MCH will be improved. The proportion of births in institutions will be raised from 70 to 80 per cent by the end of 1993 on estates and attempts will also be made to ensure that births outside institutions receive trained assistance. UNICEF will provide essential equipment, drugs and supplies to medical institutions and maternity wards. Estate medical staff will receive refresher training in health education, growth monitoring, immunization, diarrhoea management, maternal health and the birth information system. Specific training programmes will be organized on combating ARI, the main cause of child deaths on estates.

70. Universal child immunization will be sustained. Vaccines will be provided and cold-chain equipment will be replaced where necessary. The service delivery system will be strengthened to reach all children and pregnant women on the plantations and to extend services to people in neighbouring villages.

71. Growth monitoring will be the main intervention for nutrition promotion. A copy of the growth chart will be given to each mother and its signficiance and use explained to her regularly. Mothers whose children are at risk will receive nutritional supplements from the estate. The establishment of crèche gardens will be encouraged so that produce from the gardens can support feeding programmes in the crèches.

72. Interventions for anaemia will include the provision of iron tablets, folic acid and food supplements, especially for pregnant women. Improved diets will be encouraged through the consumption of locally grown nutritious foods. A nutrition surveillance system will also be established in estate clinics.

73. The CDD project has two main components: education extended to estate management, health personnel and mothers on the importance of safe water, proper sanitation, hygiene and early treatment at home using the indigenous "rice cunjee"; and at the clinical level, using jeevanee (ORS). Breast-feeding

and proper weaning practices will also be promoted. The mother will be considered as the first link in the care of the child at the home level and, thus, will receive appropriate support from estate staff.

74. Crèche services will be upgraded by training 1,600 crèche workers at the regional level, with support from NGOs. The training, with a strong practical orientation, will cover child health, nutrition, environmental sanitation, interpersonal communication and self-reliance. Evaluations will also be carried out on how the basic toys and play materials supplied to the 1,600 upgraded estate crèches can be better used to promote child development.

75. In primary education, facilities will be upgraded to provide improved learning opportunities. School furniture and teaching aids will be provided, and teachers' training and the development of appropriate curricula will be supported to improve teaching standards. Studies will be undertaken to determine the cause of non-participation and alternative methods will be developed at the community level to reduce drop-out rates. Non-formal education will focus on functional literacy, particularly for women and early school drop-outs.

76. To improve the provision of water supply and sanitation, the focus will be on upgrading existing facilities and providing new facilities to primary schools on estates where needed. An information and education package, including Facts for Life, will be provided for the whole community, with the health education component emphasizing information on the proper storage and utilization of water, hygiene practices, food hygiene and clean home environment.

77. Community participation will be emphasized on all the demonstration estates and their experience will be replicated on other estates within a region. The project is an integral part of the Government's medium-term investment programme for the estates. The Sri Lanka State Plantations Corporation and the Janatha Estates Development Board will be the two main agencies for programme administration, management, coordination and supervision.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1991	1992	1993	1994	Total
Bangladesh					
Water supply and sanitation	11 720	14 637	3 300	-	29 657
Education	2 540	7 335	6 296	-	16 171
Women's health and development	1 074	1 132	794	-	3 000
Subtotal	15 334	23 104	10 390	-	48 828
China					
Strengthening MCH/FP services at the grass-roots level	1 861	1 688	1 698	1 517	6 764
Sri Lanka					
Services for children and women on estates	650	690	660	-	2 000
Total	17 845	25 482	12 748	1 517	57 592

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RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE AFRICA REGION

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Burkina Faso	5 000 000	8 480 000	1991-1992
Liberia	1 500 000	-	1991-1992
Namibia	1 375 000	-	1991-1992
Zaire	12 400 000	5 000 000	1991-1992

Summaries of individual recommendations follow.

I. BURKINA FASO

U5MR: 232
IMR: 135
GNP per capita: $210

Child population (0-15 years): 4 million
Literacy: 15 per cent
Access to health services: 49 per cent

One-year-olds fully immunized against:

tuberculosis:	66 per cent
diphtheria/pertussis/tetanus:	21 per cent
measles:	30 per cent
polio:	21 per cent

Pregnant women immunized against:

tetanus:	52 per cent

The situation of children and women

1. Burkina Faso, a Sahelian country with around 9 million inhabitants, experienced insufficient rains in 1990 and once again a cycle of drought is threatened if rainfall in 1991 is as poor. Internal migrations from the north to the south and west, triggered by fear of drought, have begun much earlier than in normal years. The malnutrition of 6 out of 10 children and the chronic undernourishment of 7 out of 10 pregnant women in 1990 are key indicators of the unfavourable long-term health trends in the country. The maternal mortality rate (MMR) is higher than 700 per 100,000 live births. Prenatal care reaches only 3 pregnant women out of 10. Only 28 per cent of children between the ages of 6 and 12 years attend primary school, and of these, only 37 per cent are girls. Eight out of 10 adults are illiterate. Although the national coverage of drinking water points is around 70 per cent, the impact on water-related disease has remained limited. An exhaustive national survey conducted in the last trimester of 1990 revealed one of the highest rates of dracunculiasis (guinea worm disease) in the West African region.

2. A new family code (1990) gives precedence to the nuclear family over the extended family, as its strong focus on parents' direct responsibility for their own children considerably diminishes the role of the traditional head of the extended family. Nevertheless, the persistence of certain customs and social practices means that the majority of women continue to live under conditions of inequality and subordination.

3. A newly drafted constitution will be submitted to a national referendum in early 1991. The Convention on the Rights of the Child, ratified in July 1990, is likely to influence priority concerns towards a more just society. Another recent development is the establishment, in November 1990, of a national body to recommend reform of the present education system to incorporate basic learning for all, including prioritization of the needs of girls and women. Important macro-economic decisions were made in 1990 as the

first structural adjustment project with the World Bank was prepared. Noteworthy is the protection, in general budgetary terms, of the education and health sectors. Priority is given to increasing access to primary education and primary health care (PHC).

Programme cooperation, 1988-1990

4. A country programme recommendation approved by the 1987 Executive Board for the period 1988-1991 guided programme implementation over the last three years.

Health

5. A set of interrelated projects to improve the delivery of health services was implemented. With an increasing understanding of the principles of the Bamako Initiative, 738 community health workers (CHWs) in 6 provinces received training and equipment. Some 39 rural and 15 urban health referral centres and 819 rural health posts were fully equipped to provide maternal and child health (MCH) services and their performance is now being assessed. Information, education and communication (IEC) materials were produced for distribution in all 30 provinces in the fight against acquired immunodeficiency syndrome (AIDS). Paramedical staff were trained, and the National School of Public Health received teaching aids that enriched the teaching and learning environment.

6. Acceleration of the expanded programme on immunization (EPI) remained the major activity of the last 36 months. The cold chain, strengthened with seven regional cold stores, now covers all provinces of the nation, and vaccine supply has been adequate and uninterrupted. However, although the head of State personally supports the EPI thrust, social mobilization has not reached the majority of the target groups, and demand for all five vaccination contacts has stagnated in the last year. In the latest immunization drive (October 1990-February 1991), the target is to ensure the immunization of at least 50 per cent of children, a goal to be achieved through the setting of provincial targets and supporting efficient implementation of each of the 30 decentralized plans of action. A comparative cost analysis of this strategy is planned at the same time as the 1991 coverage survey. A pilot project on health statistics information systems for permanent monitoring of the epidemiological situation is also being put into place.

7. A survey was conducted in 17 provinces on the prevalence of diarrhoea, and the knowledge, attitudes and practices of mothers regarding it. Nine oral rehydration therapy (ORT) referral centres opened in nine provinces, some 250 oral rehydration units were equipped in 20 provinces and 900,000 sachets of oral rehydration salts (ORS) were distributed. Impact studies on target groups will be done as part of the new situation analysis in the first half of 1991. Around 2 million capsules of vitamin A have been distributed, and a study showed a significant decrease in the incidence of xerophthalmia at project sites. UNICEF participated in strengthening the national breast-feeding campaign, as well as in the fight against female excision.

8. Nearly 100 women's groups received equipment, funds and training to strengthen internal organization to manage increased income better. The impact of this on selected health indicators of mothers and children is now being assessed. An analysis of constraints experienced in several micro-projects in the area of nutrition and household food security will enable lessons to be drawn to ensure year-long adequate food intake for families. Four local units for weaning food production were established, each with a capacity of up to 600 kg. per month. They are linked to 13 newly created community nutrition centres for recuperation and surveillance.

Education

9. Focus was deliberately placed on early childhood development through the creation of day-care centres (garderies populaires). Facts For Life inspired the creation of manuals that were widely distributed in support of literacy campaigns, and the impact of manuals is now being evaluated. A project on street children is monitored with the international non-governmental organization (NGO), ATD Quart Monde (ATD Fourth World). Innovative approaches to reintegrate abandoned youth are being tested.

Water supply and sanitation

10. A project co-funded by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF accomplished the target of drilling 700 boreholes, providing water for 400,000 people. National capacity was strengthened through funds and equipment for borehole drilling managed directly by the national office. As subsequently planned, 160 additional boreholes were completed. Qualitative aspects of community organization, proper water use, pump maintenance and ensuring priority attention towards sanitation activities, however, are areas that all need increased attention.

Social mobilization

11. Social mobilization and mass communication activities during this period have focused almost exclusively on EPI. Radio and television were extensively used in 1990 to promote the World Summit for Children and the Convention on the Rights of the Child, permitting focus on decade goals and objectives.

Lessons learned

12. Implementation of all of the objectives of the master plan of operations was difficult because important segments of required supplementary funding did not materialize and the Government decided to invest in EPI as its first priority.

13. Within government ranks, the mobility of civil servants remains a serious constraint. The intended decentralization of resource management to provincial levels, however, could improve motivation and accountability, as well as fulfil a prerequisite of the Bamako Initiative.

14. Annual targeting in the plan of action remained weak. The mid-term review in late 1990 was, therefore, well-timed to focus the 1991-1992 programme on specific priorities based on quantified indicators. This exercise proposed reducing from 31 to 15 the projects assisted for 1991-1992. A constraints analysis will be undertaken in all sectors before the strategy meeting in 1991 and mechanisms will be suggested to enable the Government, local communities and international organizations to prioritize and allocate resources to basic services for vulnerable groups, especially women and children.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
General resources			
Health/nutrition	723	700	1 423
Water supply and sanitation	272	300	572
Household food security	70	80	150
Education	185	200	385
Women-centred approaches	350	320	670
Advocacy	120	150	270
Programme support	780	750	1 530
Total	2 500	2 500	5 000
Supplementary funding			
Health/nutrition	1 649	1 530	3 179
Water supply and sanitation/ dracunculiasis eradication	2 140	1 910	4 050
Household food security	26	100	126
Education	-	120	120
Women-centred approaches	30	150	180
Children in especially difficult circumstances	-	100	100
Programme support	325	400	725
Total	4 170	4 310	8 480
Grand total	6 670	6 810	13 480

15. The mid-term review recommended concentrating inputs geographically and reducing the number of projects. UNICEF assistance to national endeavours would be limited to the delivery of vaccines and ORS, AIDS control and the eradication of dracunculiasis. These would absorb 30 per cent of total

resources annually, with the remaining resources concentrated on priority activities in clearly defined areas where the most underserved populations live. Using a set of criteria and indicators to measure poverty and comparatively lower access to basic services, the Government and UNICEF agreed on a list of 10 priority provinces: Bam, Gnagna, Gourma, Namentenga, Oudalan, Sanmatenga, Seno, Soum, Tapoa and Yatenga. Bamako Initiative strategy parameters will guide programme preparation and implementation.

16. A special effort is being made to update supplementary funding proposals for three projects in the health sector with ascertained mobilization of funds.

Expanded programme on immunization

17. To maintain present vaccination coverage levels, it was important to determine the minimum amount UNICEF needs to contribute to EPI in 1991-1992 for the national programme to continue to function optimally. A comparative cost analysis between mobile and advanced strategies will be done during the first semester of 1991. Strong emphasis will be put on "piggy-backing" so that EPI infrastructures can be used to facilitate the attainment of other preventive health targets. Recurrent costs of the 1989-1990 and 1990-1991 campaigns were high, and it will be impossible to sustain such costs along with those of other emerging priorities. Operational research in the spirit of the Bamako Initiative in five provinces will attempt to identify the amount of recurrent EPI expenditures that can be borne by the local cost-recovery dynamic and by community financing processes.

The Bamako Initiative

18. After a two-year delay, the Government has taken the important decision to institute delivery systems for generic drugs. The Government recognizes the immediate need to study socio-economic factors to determine the comparative feasibility of community financing in different provinces. Other ongoing community development efforts involving women's groups and issues such as applied nutrition around weaning practices will contribute directly to the new social dynamic created by the Bamako Initiative strategy. Operational research will be carried out in four of the poorest provinces and in one province where conditions prevail for immediate partial cost-recovery at the community level during the first semester of 1991. The Government has taken steps to decentralize the management of income to local levels. Two provinces in 1991 and three provinces in 1992 will establish integrated PHC initiatives, where, through basic education programmes mothers and girls without access to primary schooling will learn about the causes of disease.

Supporting activities

19. To support viable community-based health systems, it was decided that the following activities will continue: (a) training 395 midwives, focusing on the partogramme, a chart to monitor labour and delivery, to decrease maternal morbidity and mortality; (b) educating approximately 270 nurses about vitamin A deficiency; (c) training 1,140 health staff as community

communicators about the control of diarrhoeal diseases (CDD); and (d) coordinating functional literacy workshops for 3,000 village health workers (VHWs) focusing on ORT, vitamin A deficiency, dracunculiasis, malaria, pregnancy monitoring and weaning practices. Health monitoring activities will continue to build on the health statistics base to fine-tune health indicators. Mechanisms for data feedback to target populations will be improved so that people can better control actions and master factors influencing their physical and socio-cultural environment. A comprehensive plan of improved communication has been established: participatory theatre on children's rights and on no-risk pregnancies has been staged; and audiovisual aids on the above-mentioned health priorities have gone into production.

20. Water supply and sanitation sector objectives are to help to improve the quantity and quality of drinking water sources for the rural population, particularly in dracunculiasis-infested areas; and to reinforce social mobilization activities so that the beneficiary population becomes more aware of its role in the maintenance of water sources and in meeting its own health needs. Concerted efforts will be made to change attitudes through information, sensitization and health education before boreholes are drilled or pumps installed.

21. The eradication of dracunculiasis is a national objective to be reached by 1995. Here, also, the minimum UNICEF contribution for the first phase of nation-wide programme implementation was studied. The five provinces where prevalence is highest will benefit from the provision of safe water and from behaviour modification. The 1990 national survey will allow annual quantification of the targets in each province. Intensive interventions are expected to decrease prevalence by 75 per cent by 1992.

22. During 1991-1992, nutrition activities will remain focused on the priority area of weaning. Two new provinces will benefit from the lessons learned in the four pilot zones where weaning foods were produced locally. Attempts to formulate a national nutritional policy will continue. The Government requested that a contingency budget be made available, if necessary, to respond to drought-related emergency situations in 1991. The focus on women's income-generating activities will be to strengthen what has been achieved in the past three years. In the 10 provinces of concentration, those women's groups most directly involved in the transformation of local health delivery systems will receive resource priority.

23. The Government collaborated with the World Bank to design a project increasing primary school coverage from 28 to 40 per cent over the next six years. Therefore, the Government has requested UNICEF, focusing on alternative learning systems, to (a) reassess the garderies populaires, which do not exist in rural areas, as a fundamental stepping-stone for learning for all; and (b) articulate learning sequences around health and nutrition priority themes, appropriate for girls, women and mothers, using, among other strategies, the child-to-child approach. Intercountry exchanges are scheduled. Innovative participatory research is budgeted for and information,

communication and social mobilization strategies will both influence and be influenced by the new emphasis on learning for all.

24. It is in this light that the situation analysis is being conducted. The programme preparation process towards the 1993-1997 recommendation will also benefit from the strategies adopted in the second five-year national development plan, 1991-1995. The Joint Co-ordinating Group on Policy in Burkina Faso meets regularly to ensure complementarity between programmes of different agencies.

II. LIBERIA

U5MR: 209
IMR: 137
GNP per capita: $450

Child population (0-15 years): 1.2 million
Literacy (total): 32 per cent
Access to health services (urban/rural): 50/30 per cent

One-year-olds fully immunized against:

tuberculosis:	62 percent
diphtheria/pertussis/tetanus:	28 per cent
measles:	55 per cent
polio:	28 per cent

Pregnant women immunized against:

tetanus:	20 per cent

The situation of children and women

25. A rapidly deteriorating political, economic and social situation during the latter half of the 1980s gave way in December 1989 to a national tragedy: civil strife ravaged the country and inflicted enormous hardships on the population, in particular on women and children. The internal conflict has already killed approximately 25,000 people. The number of Liberian refugees who fled to the neighbouring countries of the Côte d'Ivoire, Guinea and Sierra Leone is estimated at over 600,000 people. Within Liberia itself, over 1 million people have been directly affected by acute shortages of food, clean water and medical care. At present, between 50 and 60 people are dying every day in Monrovia from starvation and diseases caused by malnutrition and lack of water. In all, approximately 60 per cent of the total population has been caught up in the crisis. Additionally, 1 million people in neighbouring countries have had their already insufficient resources depleted by the mass influx of refugees. The tragic consequences of the crisis are certain to be felt in the subregion for several years.

26. A 1988 UNICEF-commissioned study on the effects of structural adjustment and stabilization policies in Liberia listed among the other social costs the

steep decline in real personal income, increased unemployment and a sharp increase in the prices of basic food commodities. Basic services - in health, education and social welfare - were unavailable to more than one half of the population. Clean drinking water was accessible to no more than 20 per cent of the population, for the most part concentrated in urban centres, and adequate sanitation facilities were used by only a minority constituting less than 1 per cent of the population.

27. Statistical data valid before the outbreak of the civil war indicated high levels of infant and under-five mortality (137 and 209 per 1,000 live births, respectively), low per capita gross national product (GNP) ($450) and an annual population growth rate of about 3.2 per cent, for the period 1980-1989. Primary school enrolment dropped from 76 to 35 per cent for the same period. Low adult literacy rates (43 per cent for males and 21 per cent for females) constitute a major impediment to social development. In September 1990, Liberia was classified among the least developed countries.

Programme cooperation, 1986-1990

28. Programme objectives for this period of cooperation were primarily directed towards reducing the high levels of infant, young child and maternal mortality and morbidity through basic survival interventions in various PHC areas. These activities were enhanced through social mobilization and advocacy efforts, which subsequently led to the organization of parliamentarians' and media workshops at the national level in April 1989. In early 1988, a major revision of the master plan of operations shifted the focus of regular programme activities, with the exception of EPI, to 3 of the country's 13 counties, while a water supply and sanitation project in Grand Gedeh county funded by the Danish International Development Agency (DANIDA) developed into a more integrated programme designed to encompass activities in health education, nutrition and the advancement of women.

29. By 1989, immunization coverage had more than doubled compared with 1985 owing to the yearly national vaccination weeks begun in 1986. In mid-1989, the first national consolidated EPI plan of action was formalized, which featured a joint procurement plan for donor partners based on a needs assessment conducted in vaccination operational zones. Revised national programme objectives set a goal of 75 per cent coverage per EPI target disease by end-1995. Combined activities for the training of midwives and traditional birth attendants (TBAs), the provision of essential drugs to selected health centres and the start-up of actions related to the Bamako Initiative were limited in scope, but successful in the determination of similar components of the projected national health care programme, 1991-1995. Assessments of future support for a national essential drugs cost-recovery programme resulted in the formulation of a national plan of action to be implemented jointly by the United States Agency for International Development (USAID), the World Health Organization (WHO), the Christian Health Association of Liberia and UNICEF, along with the Ministry of Health and Social Welfare.

30. UNICEF maintained its support to primary school education in the form of supplies and equipment for curriculum materials centres in three counties, training of centre staff and planning efforts designed fully to integrate health education into the primary school curriculum. More far-reaching efforts were undertaken within this sector in association with USAID through the formulation of a pilot programme for the introduction of a pre-primary school curriculum in 20 schools, as well as the training of day-care centre personnel in early childhood development strategies and techniques.

31. UNICEF assistance to the water supply and sanitation programme was directed to completing the national water hand-pump inventory and the maintenance and repair of over 600 hand-pumps. In mid-1989, UNICEF began its involvement in a follow-up phase of the DANIDA-funded water supply and sanitation project in Grand Gedeh county. Hand-pump repair and maintenance, baseline data community surveys for future sanitation activities and a study of the feasibility of creating revolving funds for hand-pump spare parts had been successfully conducted. By end-May 1990, 34 community water and sanitation committees had been formed and 127 pump caretakers (one half of them women) had been trained out of a planned total of 509 by mid-1991. About 85 per cent of pumps were functioning properly. In terms of implementation as against planned objectives, this programme was by far the most successful during the past cycle.

32. Funds amounting to $100,000 allocated in March 1990 from the Executive Director's Emergency Reserve Fund (ERF) were utilized to provide medical kits and essential drugs benefiting over 50,000 people affected by the civil strife. Close collaboration between UNICEF and Médecins Sans Frontières (Doctors without Borders)/(Belgium) was the major factor that ensured the success of this operation. In the initial relief phase, assistance was also provided through ERF to Liberian refugees and displaced persons in Guinea ($100,000), the Côte d'Ivoire ($80,000) and Sierra Leone ($80,000). In November 1990, UNICEF, in consultation with the office of the Special Co-ordinator for Emergency Relief Operations for Liberia, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the Office of the United Nations Disaster Relief Co-ordinator (UNDRO), launched a subregional appeal for assistance to Liberian refugees in these three countries in the amount of $7.6 million. At the end of 1990, an additional allocation of $480,000 was released from ERF to respond to the urgent actions undertaken in Liberia within the UNICEF emergency programme of interventions in the areas of supplementary and therapeutic child feeding, water supply and sanitation, health and project support. This release represented initial financing of the first phase of the emergency programme covered by the UNICEF country appeal issued as part of the United Nations consolidated appeal for Liberia in the amount of $6.3 million.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
Health/nutrition	233	233	466
Water supply and sanitation	66	66	132
Education	50	50	100
Children in especially difficult circumstances	101	110	202
Programme support	300	300	600
Total	750	750	1 500

33. The main goal of the new programme of cooperation will be to combat the worst effects of the civil war, which resulted in increased hardship for, and a paralysis in the development of, women and children. Specific objectives of the sectoral programmes will be established after the extent of the destruction of basic service delivery systems in key social development sectors is analysed. In addition, the needs of children who were most traumatized by the civil war will be identified to launch a programme reorienting those children into a more secure and socially protective environment.

34. In 1991, all programme assistance will be conducted as emergency relief efforts addressed to the basic survival needs of the population. After a working relationship is established with local authorities, the emergency effort will broaden in 1992 to encompass a rehabilitation programme that will more thoroughly address institutional capacity-building so that normal long-term programme planning and implementation can be restored. Within the United Nations system and the donor community as a whole, operational groups will be constituted along lines similar to those that characterized inter-agency cooperation during the 1990 emergency period. Monitoring the impact of emergency and rehabilitation programmes will be conducted in close coordination with those United Nations agencies that implemented assistance programmes to Liberian refugees in the neighbouring countries. It is anticipated that additional funds will be mobilized for emergency and rehabilitation programmes through an appeal made by the United Nations system to the international donor community.

Health and nutrition

35. No health delivery system now exists in Liberia. Emergency medical assistance provided throughout 1990 by Médecins Sans Frontières will constitute an entry point for rebuilding the public health care system in virtually all its functions. Re-equipping selected health facilities,

training health workers, focusing relief activities on the major identified causes of mortality and morbidity among infants, children and pregnant and lactating women and reinstating a disease surveillance system are actions that together will form the centrepiece of UNICEF support to the health sector. Particular emphasis will be placed on restoring immunization and oral rehydration services and on prenatal and perinatal care. It is estimated that at least 70,000 infants and young children are in need of special feeding in Monrovia and surrounding areas alone. Supplementary and special therapeutic feeding will be initiated in conjunction with general food distribution schemes, with the support of UNDRO, the World Food Programme (WFP), Catholic Relief Services and Médecins Sans Frontières.

Water supply and sanitation

36. Programme activities to provide clean water will include the rehabilitation of wells and boreholes, hand-pump maintenance and repair and the training of local artisans, supported by local water and sanitation committees. These activities will be resumed upon completion of water-point inventories in the most affected areas in both urban and rural zones. The programme also aims to improve environmental sanitation conditions through the construction of ventilated improved pit latrines, the chlorination of water sources and waste disposal. Available supplementary funding provided by DANIDA to the south-eastern region water supply project will be adequate to ensure the start-up of activities. Depending on the security situation in the interior, the operational zone may be shifted to areas bordering on Grand Gedeh county.

Education

37. Basic educational services at both pre-primary and primary school levels will be supported through the provision of basic school supplies and learning materials to a limited number of institutions. Activities in the fields of curriculum development, teacher training and national education programme planning that were suspended will be revived as soon as conditions permit.

Children in especially difficult circumstances

38. As a result of the civil war, thousands of infants and young children have been orphaned or otherwise deprived of family support. While it is hoped that the local Red Cross chapter will succeed in tracing and reuniting some family members, it is expected that a large number of destitute children will remain. This will require the creation of orphanages and foster homes. Support in the form of domestic items and educational materials will be provided to those institutions and special training sessions will be organized for social welfare workers and community and religious groups. A study will be conducted to determine the feasibility, over the medium term, of a less institutionalized approach to this problem, i.e. one that relies more on existing community support mechanisms.

39. The programme will need to enlist the support of the widest range of political, religious and community leaders. The focus of activities under social mobilization and advocacy will be on the specific mechanisms of addressing basic human needs, both physical and psychological. Representatives from other war-torn countries in the region will be invited to Liberia to share their experiences in reconstruction programmes.

40. Once a degree of normalcy is established in the country, plans will be resumed for medium- and long-term programmes. It is hoped that in 1992 a regular country programme for an extended period can be prepared for submission to the 1993 Executive Board. The analysis of the situation of women and children and the formulation of national development plans in key areas require that funds be allocated for planning and social statistics that will include activities such as data collection and analysis, the training of government officials and consultancy services, when conditions permit.

Programme support

41. The specific context of the new programme of cooperation warrants the establishment of posts for project officers for key programme and operational support areas. The UNICEF Monrovia office will especially benefit from the services of an emergency PHC officer and an officer for supply operations. Regular programme funds will cover costs related to both posts, although the anticipated availability of emergency programme funding will permit the absorption of costs related to the emergency PHC officer.

III. NAMIBIA

U5MR: 171	Child population (0-15 years): 0.9 million
IMR: 103	Literacy (male/female): NA
GNP per capita: $1,142	Access to health services (total): NA

One-year-olds fully immunized against:

tuberculosis:	87 per cent
diphtheria/ pertussis/tetanus:	56 per cent
measles:	14 per cent
polio:	52 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

42. The situation of children in Namibia is largely determined by the twin factors of widespread poverty and gross inequities in living standards that prevailed in the colonial era. While the average GNP per capita is estimated

as $1,142 (1988), the richest 5 per cent of Namibians are estimated to receive 71 per cent of the total GNP according to the Statistical Office of the United Nations Secretariat. Most Namibians live in overcrowded "reserves" where the land is very poor. They have very limited access to employment, vocational training, agricultural services and markets and they work for low wages. These factors place particular strains on family-level food and income security.

43. Until independence in March 1990, basic services were provided by 11 semi-autonomous "second-tier administrations" based on ethnic and racial divisions. Their resource endowments were very unequal and they did not follow common policies. As a result, PHC services were neglected in much of the country, with a spending bias towards curative facilities (including racially exclusive hospitals) and very limited outreach. This pattern is now being comprehensively restructured by the new Government. In basic education, there were between 14 to 39 pupils for every teacher in 1988 depending on ethnic group, and the proportion of trained teachers ranged from 9 per cent in the most populous Ovambo region to 99 per cent in whites-only schools. As a result, pass rates are extremely low and drop-out rates high in the large majority of schools. Only 37 per cent of school entrants complete the primary cycle. Access to safe water for the 75 to 80 per cent of Namibians living in rural and peri-urban areas is as low as 25 per cent, and adequate sanitation for this group is almost non-existent.

44. Child survival and health levels in Namibia are not commensurate with the country's overall wealth. While only limited data exist, Namibia appears to be in the category of countries with a high-to-middle under-five mortality rate (U5MR), with projections placing U5MR at 171 per 1,000 live births. Child malnutrition is clearly widespread, with rates of moderate malnutrition in under-fives at some 35 per cent in rural and peri-urban areas and 12 per cent in urban areas, and wasting at 8 per cent in rural areas. Malaria is widespread during and after the rainy season in the populous northern regions. The prevalence of vaccine-preventable diseases is high, with notified cases alone accounting for rates of 498 per 100,000 population for measles and 273 per 100,000 for tuberculosis. Data from a UNICEF-sponsored survey in early 1990 show that, while vaccine coverage against tuberculosis among infants is high, only about one half are fully immunized against polio and diphtheria/pertussis/tetanus and less than one sixth against measles, in both rural and urban areas. These rates increased substantially in 1990 owing to the introduction and acceleration of EPI after independence.

45. Over 40 per cent of households in Namibia are headed by women. Children in such households are more likely to be malnourished than those in families headed by men. Women heads of household are likely to have received considerably less education than their male counterparts. Women are less likely to be formally employed; they undertake the bulk of farming and food production operations, which are economically precarious and low-yielding activities in Namibia's harsh climate. Women's access to credit, information, vocational training and organized markets is severely limited. The inadequacies of MCH services are illustrated by MMRs estimated from limited

survey data at 432 per 100,000 live births in rural areas and 371 for the country as a whole.

46. A considerable proportion of the population lives in extremely difficult circumstances owing to the direct and indirect effects of the prolonged war of liberation and South African occupation that ended in 1989. Groups so affected include displaced people, those handicapped in combat, psychologically traumatized children, dependants of former soldiers who are now unemployed and families affected by the climate of brutalization during the war. These factors are thought to have induced a considerable incidence, so far not studied in detail, of alcoholism, the break-up of families, domestic violence and child abuse.

Programme cooperation, 1989-1990

47. Given the limited mandate United Nations agencies had prior to the country's independence, the UNICEF programme of cooperation during the transition period (April 1989-March 1990) concentrated on support to the repatriation and rehabilitation of former exiles, as well as on relief and survival assistance to emergency-affected groups. However, the analytical studies, survey, advocacy and pilot initiatives of this period laid the basis for a rapid widening of programme areas to encompass major child survival, protection and development thrusts shortly after independence.

48. During mid- to late 1989, assistance was provided to the repatriation programme of the Council of Churches in Namibia, in consultation with the Office of the United Nations High Commissioner for Refugees (UNHCR). This included the establishment of PHC facilities and sanitation services in five reception centres, the provision of comfort items for children and women and logistical support. Subsequently, an emergency rehabilitation programme was designed by a United Nations inter-agency team, together with the Council of Churches in Namibia, to assist the reintegration of some 44,000 returnees in their home communities. Within this framework, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) provided 26,000 agricultural input packages to returnee adults, while additional seeds were provided by UNICEF to 75,000 families in the Ovambo region facing collapse of household food security owing to prolonged drought and conflict. These inputs were instrumental in producing a good harvest in 1990, thus stabilizing immediate food security. UNICEF also supported an emergency schools programme operated by the Council of Churches in Namibia for some 2,500 returnee children of primary school age, pending their integration in a restructured national school system in 1991. Interim support was provided to alternative church-run health services in northern regions, providing PHC access to communities receiving the large majority of the returnees. An integrated area-based programme was also initiated with the Council of Churches in Namibia, focusing on the rehabilitation of child nutrition and household food security in an area receiving about 10 per cent of all returnees.

49. Programme cooperation after independence has covered a range of key child survival, protection and development activities in the sectors of health

(PHC/MCH), nutrition, basic education, household food security and women in development. Extensive support was given to a newly introduced EPI, including supplies, cold-chain equipment, transport, the training of 269 health staff and social mobilization activities. With political support from the highest levels, the programme achieved notable results within a few months. Support for the in-service training of health personnel was extended to cover CDD and acute respiratory infections (ARI) in the third quarter of 1990. Technical assistance to the Government in restructuring the health service and establishing national programmes for nutrition, health education, health information, PHC and CHW training was also provided during 1990. Educational reform was supported, in conjunction with the United Nations Educational, Scientific and Cultural Organization (UNESCO), by the provision of technical services for curriculum development and the reorganization of in-service teacher training. Cooperation in the development of the literacy programme was supported between the Namibia literacy project and its counterpart in Zimbabwe.

50. Pilot activities to improve household food security and the access of women to income were undertaken together with the Department of Community Development (support to a women's brick-making cooperative), the Private Sector Foundation (business management training for women) and the Department of Rural Development. The integrated area-based programme continued in 1990 in the western Ovambo region, achieving high levels of community mobilization, with interventions in water supply, sanitation, food production and farmer and VHW training. Meanwhile, advocacy efforts led to the launching, by Namibian women parliamentarians, of a Child Survival, Protection and Development Foundation; the formulation of a national policy on children; substantial community mobilization for the World Summit for Children; the establishment of a Women's Desk in the Office of the President; and the accession of Namibia to the Convention on the Rights of the Child. A household survey of incomes, health and nutrition was completed among 1,561 families in two major areas of population concentration and is being used extensively by the Government in planning social sector programmes.

Lessons learned

51. Initial programme cooperation in Namibia demonstrated the potential for achieving high levels of social mobilization in support of post-independence goals for children, as well as the strong potential contribution in this context of national NGOs, including church and private groups. The Council of Churches in Namibia, in particular, proved to be an effective national partner during the transition period, and has remained so with respect to community-based rehabilitation and mobilization activities after independence. In addition, the strong commitment of the new Government to social priorities and to the reduction of socio-economic inequities, demonstrated in the 1990 budget allocations, as well as in initial policy statements, provides a clear opportunity and favourable context for achieving rapid results from child-oriented advocacy and programme cooperation.

52. Serious constraints, however, need to be addressed and overcome if these investments are to be fully exploited. Experience in new programmes such as

EPI shows that inherited factors such as fragmentation of delivery structures, overregulated and non-participatory approaches and the complexities of generating new, integrated social structures all have retarding effects. Sustained attention to training and reorientation will be needed if the substantial changes in policy and priorities are to be translated into structures for the design and delivery of effective programmes. Technical inputs are required to launch key programmes in development sectors new to Namibia, which lacks minimum national capacity. Finally, programme design will be constrained for years to come by the lack of social sector and household data, while programme delivery remains hampered by the embryonic nature and extreme staff shortages of key institutions such as the National Planning Commission and local government structures. These factors will necessitate sustained measures to support the development of institutions and to build capacity.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	Total
Health	270	-	270
Nutrition	70	-	70
Household food security	30	-	30
Education	260	-	260
Women-centred approaches	50	-	50
Social mobilization and advocacy	30	-	30
Planning and social statistics	60	-	60
Programme support	150	375	525
Integrated area-based programme	80	-	80
Total	1 000	375	1 375

53. Programme cooperation will continue key chid survival, protection and development initiatives introduced with the Government and national NGOs in 1989-1990 and will consist of four main approaches: (a) support to the establishment and implementation of national programmes; (b) pilot approaches addressing the main problems affecting children and women through community-based, area-specific projects; (c) continued social mobilization and advocacy efforts with key organizations and decision makers; and (d) support for institutional capacity development, particularly for social planning, programme design and research.

54. Support will be given to the Ministry of Health and Social Services for the establishment of the PHC system, including the initial implementation of four key national programmes: nutrition (with a special focus on growth monitoring); health education; health worker training; and CDD, ARI and

malaria control. Support will include technical assistance, training, study tours to relevant programmes in other countries, supplies and equipment and, in a small number of cases, interim salary support to returnee or other national staff pending appointment. Extensive assistance will continue to be given to the national EPI, particularly through in-service training of health workers on all aspects of immunization, as well as the provision of supplies and equipment. Within the context of education for all, reform, assessment and acceleration measures will be supported in three key areas: curriculum development at primary-school level; in-service teacher training; and adult literacy programmes. These will involve advisory and material support to the Ministry of Education, Culture and Sports, as well as to the Namibia literacy project. School feeding for day pupils will be introduced and piloted jointly with the World Food Programme (WFP) and the Ministry in selected regions, with UNICEF providing technical guidance on nutrition. Programmes for women and rural development will be undertaken with the relevant sectors of the Government and Namibian NGOs, including capacity-building measures, pilot income-generating activities and credit schemes for women, training and material support for day-care centres, agricultural extension programmes for women farmers and low-cost community-based water supply and sanitation projects.

55. The integrated area-based programme will continue through the first pilot project already established in western Ovambo region. This will strengthen community organizations, including women's groups, and improve water supplies, PHC services, literacy activities, access to agricultural inputs and crop marketing. Community-based growth monitoring will be introduced. A project evaluation will be carried out in late 1991 involving local government bodies and the national community and rural development departments. Further projects will be undertaken with these departments in selected regions.

56. Social mobilization and advocacy efforts for children and women will continue in association with a range of national partners, including key parliamentarians, the Child Survival, Protection and Development Foundation, the Child Care Association, the Council of Churches in Namibia, the South-West African People's Organization (SWAPO) Women's Council and the Women's Desk in the Office of the President. A federation of NGOs focusing on women is being formed and will provide a further important national ally. Institutional and advisory support will be provided, particularly to help to extend outreach and mobilization efforts to all regions of the country. Mobilization activities will also be developed to support the implementation of national programmes such as EPI and nutrition, and with communities and groups participating in area-specific programmes. Close relations will be maintained with national media organizations, which are relatively strong in Namibia.

57. Support for national planning and policy development in areas central to children and women will be directed to the National Planning Commission, as well as to social sector ministries, especially the Ministry of Health and Social Services. This will include technical support for sectoral studies, specific research and data analysis, training of key personnel in planning techniques and a review of selected policy and programme issues, including

cost-effectiveness and financing options. Some of these initiatives will fall within the country programming exercise to be completed during 1991, including finalization of the situation analysis and development of the 1992-1996 country programme. Support for capacity-building will also be given to the National Institute for Social and Economic Research, University of Namibia, which is assisting the preparation of the situation analysis.

58. This bridging programme will ensure the continuation, until mid-1992, of the substantial range of cooperative activities already initiated, until the submission of a five-year programme of cooperation, to be developed with the Government during 1991 and presented to the Executive Board in 1992.

IV. ZAIRE

U5MR: 132
IMR: 81
GNP per capita: $170

Child population (0-15 years): 16.7 million
Literacy (male/female): 79/45 per cent
Access to health services (total): 26 per cent

One-year-olds fully immunized against:

tuberculosis:	59 per cent
diphtheria/pertussis/tetanus:	41 per cent
measles:	40 per cent
polio:	38 per cent

Pregnant women immunized against:

tetanus:	24 per cent

Programme cooperation, 1987-1990

59. The current country programme for Zaire was approved in 1987 with a general resources ceiling of $15.5 million and $12.25 million in supplementary funding. In 1989, a further $6 million in supplementary funding was approved by the Executive Board for 1990. In the context of the country's evolving political situation and the serious deterioration of its economy, which will have a direct impact on the UNICEF programme of cooperation with the Government of Zaire, Executive Board approval is sought for a short-duration country programme to cover the period 1991-1992. During 1991-1992, it is proposed to evaluate past performance in the various sectors; prepare a detailed situation analysis; reflect on these findings; and prepare a five-year country programme (1993-1997) in close cooperation with the Government and with other multilateral and bilateral partners for submission to the Executive Board in 1993.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1991	1992	Total
Health	1 370	1 350	2 720
Nutrition	280	300	580
Water supply and sanitation	400	600	1 000
Education	500	500	1 000
Women-centred approaches	500	500	1 000
Social mobilization and advocacy	300	300	600
Children in especially difficult circumstances	300	300	600
Integrated area-based programme	250	250	500
Planning and social statistics	400	200	600
Programme support	1 900	1 900	3 800
Total	6 200	6 200	12 400
Supplementary funding			
Health	500	2 100	2 600
Water supply and sanitation	500	700	1 200
Education	500	700	1 200
Total	1 500	3 500	5 000
Grand total	7 700	9 700	17 400

60. The components of the programme are similar to those approved by the Executive Board in 1987, although there are new entry points and approaches. The foundations will be laid for an area-based programme that will seek to optimize the impact of UNICEF assistance on geographically selected target groups. To improve cost-effectiveness, activities will be concentrated in the three regions of the country where UNICEF has sub-offices (Kivu, Shaba and Kasai). The Kivu region has also been selected because programmes funded by the European Economic Community (EEC). UNDP and the World Bank already operate there, and UNICEF assistance would complement them. Links will also be sought with the two neighbouring countries of Rwanda and Burundi to strengthen subregional exchanges between them and Zaire as members of the Economic Community of the Great Lakes Countries (CEPGL). In the other two regions, two different approaches will be used. In Shaba, one of the richest regions in terms of natural resources, cost-sharing will be introduced, including local financing of social services. UNICEF will provide technical assistance and management skills. In Kasai, a system of self-financing, cost-recovery and community participation will be implemented in the context of the Bamako Initiative strategy.

61. The thrust of the country programme activities in the next two years will be in three main sectoral areas: PHC using the Bamako Initiative strategy; formal and non-formal education; and water supply and sanitation. Activities will converge in the three geographic areas of concentration. Entry points based on credit and income-generating activities for women; household food security; food production, conservation and transformation; and labour-saving devices such as grinding mills will be utilized.

Primary health care/Bamako Initiative

62. The main PHC activities, other than the provision of essential drugs and health financing managed by community development committees, will be the prevention and treatment of endemic and epidemic diseases. In particular, the programme will address growth monitoring and safe motherhood as components of MCH; prevention of nutritional deficiencies (iodine deficiency disorders (IDD), anaemia and vitamin A deficiency); and EPI with the objective of eliminating neonatal tetanus, eradicating polio and reducing measles morbidity. IEC activities will be strengthened to influence behavioural change, particularly in the fight against AIDS; the reduction of malaria (with individual protection and prophylactic components); and CDD, including the promotion of safe water and sanitation and the distribution of ORS. Data collection and epidemiological surveillance methods will be strengthened in order to measure progress and impact. Contacts will be made with large enterprises (who already finance staff medical insurance schemes) to encourage them to contribute to the social development of whole regions, particularly for reimbursable procurement of essential drugs, and hygiene and sanitation interventions.

Water supply, hygiene and environmental sanitation

63. A compilation of relevant studies, research and existing experience in this sector will be carried out. After an in-depth study of experience in the three regions, local participation in the building of family latrines and the construction of latrine blocks in health centres, schools and market places will be encouraged. This will be carried out in cooperation with NGOs, religious groups and other community organizations. Within the project for urban women and street children, garbage collection, recycling and composting will be introduced.

Basic education

64. A joint World Bank/UNICEF/UNDP education programme now negotiated with the Government calls for UNICEF participation in a new pilot project to involve schoolteachers, students and parents. The project will promote positive behaviour and knowledge in health, nutrition, hygiene and family planning through the development of school manuals and educational materials. The long-term objective is to make the school a focal point for social change. In addition, support will be provided for female education to reduce the present high drop-out rate of girl pupils.

Women's income-generating activities and household food security

65. A credit programme for women will be launched in the three regions of concentration based on local bank credits and on savings and credit cooperatives for agricultural and animal husbandry activities. Groups of women will be formed so that group responsibility can help to guarantee the extension of credit. Food production, conservation and processing will be promoted in an effort to ensure household food security, as well as improved nutrition in the family. A functional literacy programme will be introduced for the benefit of the women involved.

Children in especially difficult circumstances

66. Activity in this area aims at identifying the social and economic conditions of poor urban women and children, primarily at Kinshasa, and will strengthen cooperation with NGOs, religious groups, and other organizations, such as the Society for Women and AIDS in Africa.

Advocacy and local fund raising

67. The main objectives of advocacy in the next two years will be to follow up the Declaration and Plan of Action of the World Summit for Children; to ensure the widest dissemination of the Convention on the Rights of the Child, ratified in 1990; and to identify sources of local financing available in private sector of Zaire, using advocacy to persuade large companies to participate in social programmes.

Cooperation with United Nations agencies and other partners

68. Existing cooperation with WHO and UNDP in the health sector will be strengthened in training health personnel and controlling IDD. Several other activities in the health field, such as EPI, are being implemented jointly with USAID, the Oxford Famine Relief Campaign and Rotary International; for AIDS, with the World Bank, WHO, UNDP and the Canadian International Development Agency; the Bamako Initiative and area-based services with WHO, the rural health project, Médecins Sans Frontières and religious NGOs; and for water supply and sanitation with USAID and the Peace Corps. In education, a new programme is being launched with the World Bank and UNDP. Cooperation is being developed with EEC, particularly in women's income-generating activities.